

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m</i>		10/6/00
O.I.P.E. CLASSIFIER		8	10-13-00
FORMALITY REVIEW	<i>29</i>	68643	11/10/2000
RESPONSE FORMALITY REVIEW		71471	11/21/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	0
7	✓
8	✓
9	✓
10	✓
11	0
12	✓
13	✓
14	0
15	0
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	0
23	✓
24	✓
25	0
26	✓
27	✓
28	✓
29	0
30	0
31	✓
32	✓
33	✓
34	0
35	0
36	0
37	✓
38	✓
39	0
40	✓
41	✓
42	✓
43	0
44	0
45	✓
46	✓
47	✓
48	✓
49	0
50	0

Claim	Date
Final Original	
51	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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